

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,668.

REV 03/13/21 PRO 1555

807-80-3660
RAMANARAYANA POTTURU

129A DAFRACK DR
LAKE HIAWATHA NJ 07034

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

807803660 IJ POTT 30 0 202112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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you are paying by check
or money order.....▶

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REV 03/13/21 PRO 1555

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,668.

REV 03/13/21 PRO 1555

807-80-3660
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LOUISVILLE KY 40293-1100

807803660 IJ POTT 30 0 202112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,668.

REV 03/13/21 PRO 1555

807-80-3660
RAMANARAYANA POTTURU

129A DAFRACK DR
LAKE HIAWATHA NJ 07034

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

807803660 IJ POTT 30 0 202112 430

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RAMANARAYANA POTTURU	Social security number 807-80-3660
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	91,850.
2 Total tax	2	13,275.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,932.
4 Amount you want refunded to you	4	
5 Amount you owe	5	5,413.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	3	6	6	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	5,413.
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REV 03/13/21 PRO 1555

RAMANARAYANA POTTURU
129A DAFRACK DR
LAKE HIAWATHA NJ 07034

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

807803660 IJ POTT 30 0 202012 610

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ANUSHA GANGINENI

Form fields for personal information: Your first name and middle initial (RAMANARAYANA), Last name (POTTURU), Your social security number (807-80-3660), Spouse's social security number (654-99-1981), Home address (129A DAFRACK DR), City, town, or post office (LAKE HIAWATHA), State (NJ), ZIP code (07034), Foreign country name, Foreign province/state/county, Foreign postal code.

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

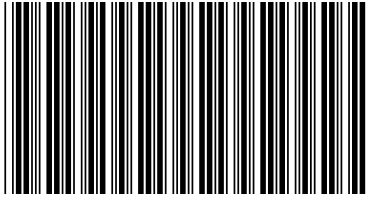
Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (91,850); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (91,850); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (91,850); 12 Standard deduction or itemized deductions (12,400); 13 Qualified business income deduction; 14 Add lines 12 and 13; 15 Taxable income (79,450).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.



2021 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2020 New Jersey income taxes or make payment of estimated tax for 2021 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2020 New Jersey income taxes or make a payment of estimated tax for 2021 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2021 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

807-80-3660 POTT POTTURU, RAMANARAYANA 129A DAFRACK DR LAKE HIAWATHA NJ 07034

1555 2021

Calendar Year - Due Voucher April 15, 2021 1

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

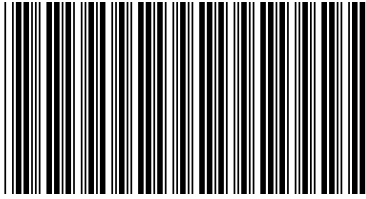
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

239.00





2021 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2020 New Jersey income taxes or make payment of estimated tax for 2021 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2020 New Jersey income taxes or make a payment of estimated tax for 2021 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2021 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

807-80-3660 POTT POTTURU, RAMANARAYANA 129A DAFRACK DR LAKE HIAWATHA NJ 07034

1555 2021

Calendar Year - Due Voucher June 15, 2021 2

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

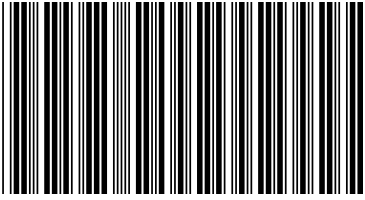
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

239.00





0130201010

2020 NJ-1040-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2020 New Jersey income taxes or make payment of estimated tax for 2021 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2020 New Jersey income taxes or make a payment of estimated tax for 2021 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2020 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2020 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2021, use separate checks or money orders for each payment. Send your 2021 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Resident Payment Voucher
NJ-1040-V

807-80-3660 POTT
POTTURU, RAMANARAYANA
129A DAFRACK DR
LAKE HIAWATHA, NJ 07034

1555 2020

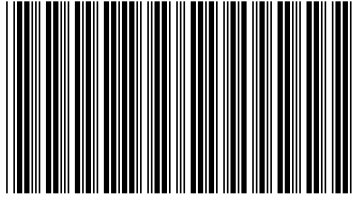
Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

962.00





040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
807803660

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
POTTURU RAMANARAYANA

Spouse's/CU Partner's SSN (if filing jointly)
654991981

County/Municipality Code (See Table page 50)
0101

Home Address (Number and Street, including apartment number)
129A DAFRACK DR

City, Town, Post Office State ZIP Code
LAKE HIAWATHA NJ 07034

Driver's License Number (Voluntary) (See instructions)

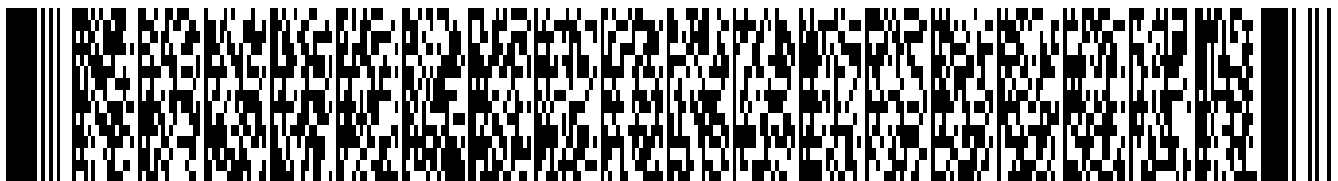
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

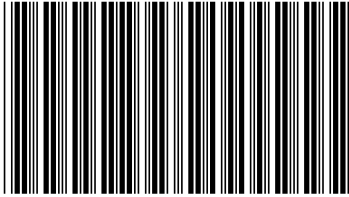
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2. Account type (C for checking, S for savings)	dd2.	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	
dd5. Account number	dd5.	





040MP02200

Name(s) as shown on Form NJ-1040
POTTURU RAMANARAYANA

Your Social Security Number
807803660

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 1

Filing Status
Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2018 2019

654991981
Enter spouse's/CU partner's SSN

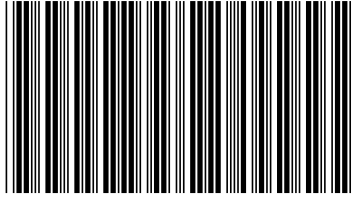
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1955 or earlier)		Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children						x \$1,500 =	_____
11. Other Dependents						x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)						x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



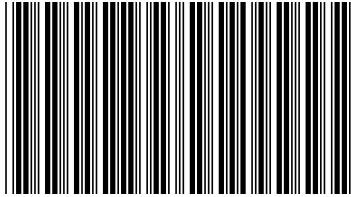
040MP03200

Name(s) as shown on Form NJ-1040
POTTURU RAMANARAYANA

Your Social Security Number
807803660

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	91850	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	91850	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	91850	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. Taxable Income (Subtract line 37 from line 29)	38.	90850	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	1080	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2020 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	1080	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	89770	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	3592	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	.	.
Enter Code			
44. Balance of Tax (Subtract line 43 from line 42)	44.	3592	.
45. Child and Dependent Care Credit (See instructions)	45.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total credits (Add lines 45 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	3592	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	9	.
Fill in if Form NJ-2210 is enclosed			X



040MP04200

Name(s) as shown on Form NJ-1040
POTTURU RAMANARAYANA

Your Social Security Number
807803660

1555

53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0	.
54. Total Tax Due (Add lines 50 through 53)	54.	3601	.
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	2639	.
56. Property Tax Credit (See instructions page 23)	56.	.	.
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	2639	.
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	962	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	.	.
67. Amount from line 66 you want to credit to your 2021 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	68.	.	.
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	69.	.	.
70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	70.	.	.
71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	71.	.	.
72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	72.	.	.
73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.	.
74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	74.	.	.
75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	75.	.	.
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	962	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	.	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM **P02082703**
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC **30-1017196**

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

**NJ-2210
2020**

**Underpayment of Estimated Tax
by Individuals, Estates, or Trusts**

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040 POTTURU, RAMANARAYANA	Social Security Number 807-80-3660
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PART I FIGURING YOUR UNDERPAYMENT

1. 2020 Tax (line 50, Form NJ-1040).....	1.	3,592.
2. Enter the total of lines 55, 56, 58, 59, 60, 61, 62, and 63, Form NJ-1040	2.	2,639.
3. Subtract line 2 from line 1 (If less than \$400, do not complete the rest of this form).....	3.	953.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a.	2,874.
4b. Enter 2019 tax (From Form NJ-1040, line 49)	4b.	

	PAYMENT DUE DATES				
	(A) JUNE 15, 2020	(B) JULY 15, 2020 <small>(originally due April 15, 2020)</small>	(C) SEPT 15, 2020	(D) JAN 15, 2021	
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column	5.	718.	718.	719.	719.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form	6.	659.	660.	660.	660.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.)	7.				
8. Add line 6 and line 7	8.	659.	660.	660.	660.
9. Enter the total underpayment (add line 11 and line 12) from the previous column	9.		59.	117.	176.
10. Subtract line 9 from line 8. If zero or less, enter zero	10.	659.	601.	543.	484.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero	11.		0.	0.	0.
12. UNDERPAYMENT (If line 5 is greater than line 10, subtract line 10 from line 5).....	12.	59.	117.	176.	235.
13. OVERPAYMENT (If line 10 is greater than line 5, subtract line 5 from line 10).....	13.				

PART II EXCEPTIONS

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

If you meet exception 1 at line 15, do not file this form. These amounts will be verified by the Division of Taxation.

		JUNE 15, 2020	JULY 15, 2020	SEPT 15, 2020	JAN 15, 2021	
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2020.) (See instructions).....	14.	659.	1,319.	1,979.	2,639.	
15. Exception 1 – Enter 2019 tax (line 49)	15.	\$	50% of 2019 Tax	25% of 2019 Tax	75% of 2019 Tax	100% of 2019 Tax
16. Exception 2 – Tax on 2019 gross income using 2020 exemptions and tax rates	16.		50% of Tax	25% of Tax	75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2020 income	17.		40% of Tax	20% of Tax	60% of Tax	
18. Exception 4 – Tax on 2020 income over 3, 5, and 8-month periods	18.		90% of Tax	90% of Tax	90% of Tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

19. TOTAL INTEREST (Include this amount on line 52, Form NJ-1040).....	See 2210 Wks	\$	9.
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WORKSHEETS

EXCEPTION II Tax on 2019 gross income using 2020 exemptions and tax rates

1. Enter 2019 NJ Gross Income (line 29, 2019 NJ-1040).....	1.	
2. Enter 2020 Total Exemptions (line 30, 2020 NJ-1040).....	2.	
3. Subtract line 2 from line 1.....	3.	
4. Calculate Tax on line 3 (2020 tax rates).....	4.	
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 43, 2020 NJ-1040).....	5.	
6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form.....	6.	

EXCEPTION III Tax on 2020 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/29/20, 4/30/20, and 7/31/20. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/20 – 3/31/20	1/1/20 – 5/31/20	1/1/20 – 8/31/20
1. Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown.....	1.			
2. Annualization amounts.....	2.	4	2.4	1.5
3. Annualized Income (Multiply line 1 by line 2).....	3.			
4. Enter Total Exemptions (line 30, NJ-1040).....	4.			
5. Subtract line 4 from line 3.....	5.			
6. Calculate tax on line 5.....	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 43, NJ-1040) that is applicable to each period.....	7.			
8. Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form.....	8.			

EXCEPTION IV Tax on Actual 2020 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/20 – 3/31/20	1/1/20 – 5/31/20	1/1/20 – 8/31/20
1. Enter the actual amount of NJ Taxable Income (line 41, NJ-1040) that is applicable to each period shown.....	1.			
2. Calculate tax on line 1.....	2.			
3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 43, NJ-1040) that is applicable to each period shown.....	3.			
4. Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form.....	4.			

Name as Shown on Return
POTTURU, RAMANARAYANA

Social Security No.
807-80-3660

Option 1

		A	B	C	D	E	F	G	
Period		Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)	
1	6/16- 7/15	718.		718.	659.	59.	.005	0.	
2	7/16 - 9/15	718.	59.	777.	660.	117.	.010	1.	
3	9/16 - 1/15	719.	117.	836.	660.	176.	.021	4.	
4	1/16 - 4/15	719.	176.	895.	660.	235.	.016	4.	
5	Total interest for Option 1						5		9.

Option 2

Payment due dates	(a) 6/15/2020	(b) 7/15/2020	(c) 9/15/2020	(d) 1/15/2021
1 Payment date	_____	_____	_____	_____
2 Amount due	_____	_____	_____	_____
3 Balance from previous quarter	_____	_____	_____	_____
4 Balance due	_____	_____	_____	_____
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	_____	_____	_____	_____
b Interest rate0625	.0625	.0625	.0625
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	_____	_____	_____	_____
If line 1 is blank, skip lines 7 through 10.				
7 Payment amount	_____	_____	_____	_____
8 Underpayment amount	_____	_____	_____	_____
9 a Number of months from payment date to next quarter due date	_____	_____	_____	_____
b Interest rate0625	.0625	.0625	.0625
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	_____	_____	_____	_____
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)				11

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

Name as Shown on Return POTTURU, RAMANARAYANA	Social Security No. 807-80-3660
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Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet  _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											